CITY OF GLENDALE
MAPPING & RECORDS DEPARTMENT
5754 W Glenn Dr. (Former Bead Museum)
SERVICE AND DOCUMENT REQUEST FORM
CALL: 623-930-3656 OR EMAIL:
jtrasancos@glendaleaz.com
jeastman@glendaleaz.com
mnarup@glendaleaz.com

PERSON REQUESTING THE INFORMATION: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

INFORMATION BEING REQUESTED:

QUARTER SECTION MAPS ☐ paper ☐ digital

AS-BUILT DRAWINGS ☐ paper ☐ digital **PLAT MAPS** ☐ paper ☐ digital

DATE REQUIRED: _____

I am requesting copies of the following record(s):

_____
_____
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The public records, which I have requested, are for the following purpose(s):

DATA CONFIDENTIALITY

THE REQUESTING PARTY AGREES THAT ALL DATA, INCLUDING ORIGINAL IMAGES AND REPRODUCTIONS, ARE CONFIDENTIAL AND PROPRIETARY INFORMATION BELONGING TO THE CITY. THE REQUESTING PARTY WILL NOT DIVULGE DATA TO ANY THIRD PARTY WITHOUT PRIOR WRITTEN CONSENT OF THE CITY AND WILL NOT USE THE DATA FOR ANY PURPOSES OTHER THAN THOSE STATED ABOVE. THE REQUESTING PARTY ASSUMES ALL LIABILITY FOR MAINTAINING THE CONFIDENTIALITY OF THE DATA IN ITS POSSESSION AND IS EXPECTED TO DESTROY THE INFORMATION AFTER THE PROJECT IS COMPLETED OR THE INFORMATION IS NO LONGER NEEDED.

DISCLAIMER - INDEMNIFICATION

THE REQUESTING PARTY UNDERSTANDS AND AGREES THAT CITY OF GLENDALE DOES NOT GUARANTEE THE ACCURACY OF THE DATA AND INFORMATION REQUESTED AND HEREBY EXPRESSLY DISCLAIMS ANY RESPONSIBILITY FOR THE VALIDITY, ACCURACY, INACCURACY OF ANY SAID DATA AND INFORMATION. THE REQUESTING PARTY ACCEPTS RESPONSIBILITY FOR ANY UNAUTHORIZED USE OR TRANSMISSION OF ANY SUCH DATA OR INFORMATION IN ITS ACTUAL OR ALTERED FORM.

SIGNATURE: _____

COMPLETE BY: _____ DATE : _____